

**MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

Serial No. FILING DATE

10 / 5 3 3 8 0 0

APPLICANT

5/4/05

CLAIMS

	AS FILED		AFTER REMARKS		AFTER REMARKS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER REMARKS		AFTER REMARKS	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						